## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents (Commissioner for Patents P.O. Box 1450)
Alexandria, Virginia 22313-1450
or Fax: (57)1-273-2885

			Or Ama	(07)	L)-270-2000					
INSTRUCTIONS: This appropriate. All further condicated unless corrected maintenance fee notification.	form should be used for correspondence includir d below or directed oth	or transmitting the ISSI ag the Patent, advance of aerwise in Block I, by (	UE FEE and PUBLIC orders and notification a) specifying a new of	CATION OF IT	ON FEE (if requi aintenance fees v pondence address;	red). E vill be and/or	Blocks I through 5 s mailed to the current (b) indicating a sepa	hould be comp correspondence trate "FEE AD	leted where address as DRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
31817	7590 07/13	/2007		наче						
SCHWABE, W PACWEST CEN 1211 S.W. FIFTT		I her State addr trans	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Fostal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (571) 273-2885, on the date indicated below.							
PORTLAND, OF	(9/204			L				(De	positor's name)	
				L					(Signature)	
				L					(Date)	
APPLICATION NO.	PLICATION NO. FILING DATE			FIRST NAMED INVENTOR			RNEY DOCKET NO.	CONFIRMAT	ION NO.	
09/491,787 01/26/2000			Andrew T Wilson			116538-152150 9051				
TITLE OF INVENTION:	BROADCAST PAUSE	AND RESUME FOR E	NHANCED TELEVI	SION						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE	DUE	
nonprovisional	NO	\$1400	\$0	\$0			\$1400	10/15	/2007	
EXAMINER		ART UNIT	CLASS-SUBCLAS	s						
BOCCIO, VINCENT F 2165			725-112000							
Change of corresponde CFR 1.363).	nce address or indicatio	n of "Fee Address" (37			atent front page, li		ı SCHWAE	E, WILLIAM	SON &	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,							
Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered atomey or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed at the property of the control of the con							
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print	or typ	ie)					
PLEASE NOTE: Unle recordation as set forth	ess an assignee is ident	ified below, no assignee	data will appear on	the pa	atent. If an assign	ee is i	dentified below, the o	ocument has b	en filed for	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified be recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Intel Corporation			Santa Clara, CA							
Please check the appropri	ate assignee category or	orinted on the patent):		Individual 🛭 Co	orporat	ion or other private gr	oup entity 🔲	Government		
4a. The following fee(s) a	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  \[ \begin{array}{l} A \text{ check is enclosed.} \end{array}									
Publication Fee (N	Payment by credit card. Form PTO-2038 is attached.									
Advance Order - #	☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500393 (cocloseacocotocopycocidiocionot).									
5. Change in Entity Stat	us (from status indicate SMALL ENTITY state		☐ b. Applicant is n	no lon-	per claiming SMA	LL EN	TITY status. See 37 C	FR 1.27(e)(2).		
NOTE: The Issue Fee and	Publication Fee (if req	uired) will not be accent	ed from anyone other						ther party in	
			K OIIICO.							
Authorized Signature /Aloysius T.C. AuYeung/					Date	10/1	5/2007		-	
Typed or printed name Aloysius T.C. AuYeung					Registration i				-	
This collection of informa an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 of iality is governed by 35 application form to the ons for reducing this but irginia 22313-1450. DO 13-1450.	CFR 1.311. The informat i U.S.C. 122 and 37 CFR b USPTO. Time will var rden, should be sent to U O NOT SEND FEES OR	ion is required to obta 1.14. This collection y depending upon the the Chief Information COMPLETED FOR	in or r is est indiv Office MS TO	etain a benefit by i imated to take 12 idual case. Any co ir, U.S. Patent and D'THIS ADDRES!	the pub minute ommen Trader S. SEN	lic which is to file (an s to complete, includi ts on the amount of ti nark Office, U.S. Dep D TO: Commissioner	d by the USPTO ng gathering, pr me you require artment of Con for Patents, P.O.	to process cparing, and to complete amerce, P.O D. Box 1450	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.